

DEADLINE:Please return or postmark
application & supplemental
questionnaire on or before:**OPEN
UNTIL
FILLED**

City-County Employment Office

Your Telephone # _____ Email _____ Date _____

ASSISTANT DIRECTOR OF NURSING

Corrections

Req. #04-099

SUPPLEMENTAL QUESTIONNAIRE

NAME _____ SOCIAL SECURITY # _____

PLEASE READ BEFORE COMPLETING:

The information you provide on this form will be used to further evaluate your training and experience as it relates to the position(s) for which you are applying. Be certain to include: paid employment, military history, volunteer experience, and any educational training and/or experience. **NOTE:** Please make certain that all employment history and education mentioned on this supplemental questionnaire also appear on your application. We screen all applications based upon the information **you, the applicant**, provide on these documents only. We do not refer to resumes.

This questionnaire is a supplement to your application and is made a part thereof and subject to all terms and conditions noted on the Application for Employment. Remember, you are responsible for the completeness and accuracy of this form as well as the application. Incomplete or omitted information on either of the documents could result in you, the applicant, not receiving full credit for your experience. So please, be as detailed as possible.

CRIMINAL HISTORY CHECKS WILL BE MADE ON TOP CANDIDATES.

1. Are you a graduate from an accredited school of nursing? Yes ____ No ____
 - a) If yes, list the school you graduated from: _____
 - b) How many years of nursing school did you complete: _____
 - c) Did you attend an undergraduate school before this one? Yes ____ No ____
2. Do you have a valid license to practice as a Registered Nurse in Nebraska?
Yes ____ No ____ License Number: _____
3. Do you have a valid license to practice as a Registered Nurse in another state?
Yes ____ No ____ If yes, list the state(s) _____
4. How long have you been working as a Registered Nurse? ____ Years ____ Months
5. Do you have nursing experience responding to emergency requests? Yes ____ No ____
If yes, where was this experience received: _____

(CONTINUED ON REVERSE)

6. Do you have experience in the delivery of nursing services? YES ____ NO ____
If yes, please list your employer(s), how long you performed these duties, and describe your experience:

Employer(s): _____ How Long ____ yrs ____ mos

Employer(s): _____ How Long ____ yrs ____ mos

Experience _____

7. Do you have experience supervising subordinate nursing personnel? YES ____ NO ____ If yes, please list employer(s), number of employees supervised, how long you supervised, and the type of staff supervised:

Employer(s): _____

No. Supervised _____ How Long ____ yrs ____ mos

Experience: _____

8. Do you have any work experience in a correctional facility? Yes ____ No ____

9. Can you lift 40 lbs? Yes ____ No ____

10. Do you have experience working in a stressful situation? Yes ____ No ____

If yes, please describe: _____

11. Do you have experience in developing health educational program? Yes ____ No ____ If yes, please list your employer(s) and describe experience:

Employer(s): _____

Employer(s): _____

Experience _____

(CONTINUED ON NEXT PAGE)

12. Have you ever been involved in developing medical policy and procedure?

Yes ____ No ____ If yes, please list your employer(s) and describe experience:

Employer(s): _____ Employer(s): _____

Experience _____

13. Do you have experience with triage medical assessment? Yes ____ No ____ If yes, please describe your experience:

Experience _____

14. Do you have experience scheduling of staff for a 7 day per week agency/facility?

Yes ____ No ____ If yes, please list your employer(s) and describe experience:

Employer(s): _____ Employer(s): _____

Experience _____

15. Do you have experience in budgeting formulation and execution? Yes ____ No ____ If yes, please list your employer(s) and describe experience:

Employer(s): _____ Employer(s): _____

Experience _____

16. Do you have experience in the direct supervision of staff, where coaching, performance evaluation and possible employee disciplinary was part of your duties? Yes ____ No ____ If yes, please list your employer(s) and describe experience:

Employer(s): _____ Employer(s): _____

Experience _____

(CONTINUED ON REVERSE)

17. Have you been involved in the hiring of medical personnel? Yes ____ No ____ If yes, please list your employer(s) and describe experience:

Employer(s): _____ Employer(s): _____

Experience _____

18. Do you have experience in running a office/division of medical personnel?
Yes ____ No ____ If yes, please list your employer(s) and describe experience:

Employer(s): _____ Employer(s): _____

Experience _____

19. I understand that this position is subject to mandatory drug testing policies as a condition of employment. _____ (Initials)

20. CRIMINAL HISTORY CHECKS will be conducted on the top applicants. In order to perform such checks, the Lincoln the Police Department requires the following information.

I understand that criminal history checks will be conducted on the candidates and I agree to provide the following information:

(Please initial)

Last Name First Name Middle Name

Birth date (month, day, year) Sex Other names by which you have been known
(Ex: Maiden name)

IMPORTANT – PLEASE NOTE POLICY BELOW:

I understand that **ALL convictions** for any law violation (i.e., DUI, shoplifting, minor in possession, reckless driving, etc.) other than a minor traffic violation (i.e., parking ticket, speeding ticket), including convictions that have been “*set aside*”, “*probationed*” or “*pardoned*”, **must be listed on the front of the application form or on an attached sheet.** Consideration is given to the offense and its relationship to the position for which you are applying. **Failure to list convictions will be considered to be falsification of your application and result in automatic rejection.** [Lancaster County Personnel Rules 5.4(c) and Lincoln Municipal Code 2.76.230(d)]

(CONTINUED ON NEXT PAGE)

21. VERIFICATION OF DRIVER'S LICENSE FOR EMPLOYEES

I understand, as a condition of my employment for the position for which I am applying with the City of Lincoln/Lancaster County, that I must at all times be legally licensed to operate a motor vehicle. I hereby certify that:

A) ____ I am legally licensed to operate a motor vehicle in the State of Nebraska.

Nebraska License #: _____ Expires: _____

Date of Birth: _____ Date of Issuance: _____

B) ____ I am legally licensed to operate a motor vehicle issued by another state.

State: _____ License #: _____ Expires: _____

Date of Birth: _____ Date of Issuance: _____

I understand state law requires operators possessing a driver's license from another state **must obtain a valid Nebraska Driver's license within 30 days of change of residence.**

Further, I understand that if my driving privileges and/or license is at any time suspended, revoked, impounded, or in any other way removed by the State of Nebraska, that I must notify my supervisor within 30 days of a conviction for any type of violation (except parking) which does not result in a loss of my driving privileges. Forms are available in each department.

Further, I understand that this document is an official City/County record, and that falsification of this document, or failure to report loss of driving privileges and/or license in the future is grounds for my being disciplined, if hired, or removed from the list of certified eligibles.

Date

Applicant Signature

22. Have you listed on the application form ALL jobs and education described on this questionnaire? YES ____ NO ____

NOTE: FAILURE TO LIST ALL JOBS OR EDUCATION COULD BE CAUSE FOR REJECTION BASED ON INSUFFICIENT INFORMATION. A RESUME CANNOT BE USED AS A SUBSTITUTE. CHECK YOUR APPLICATION AGAIN.